

VERIFICATION OF FOSTER CARE

To: (Name & address)

Date _____

Phone # _____

Fax # _____

Applicant/Participant Name: _____

Social Security #: _____

Address: _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____

Project Owner/Management Agent

RETURN THIS FORM TO:

VERIFICATION:

1. Is recipient's address the same as stated above? ☐ Yes ☐ No
If different, please list current address _____

2. Recipient is currently receiving foster care payments for the following persons:

Child's Name:	Date foster care began	Amount received / month for care:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Signature: _____

Date: _____

Name/Title (please print): _____

Telephone #: _____